

**TSS**  
58-03

KANSAS SECRETARY OF STATE  
**Trademark or Service Mark Assignment**  
Instructions

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

Stay up-to-date on your trademark or service mark status, expiration date, and contact address at **www.sos.ks.gov**.

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for an assignment is <b>\$15</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> <b>New assignee/owner</b>	Provide the name and address of the new owner. If the current registrant/owner is changing his/her name, provide the new name and address in the new assignee/owner space.

This form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your trademark or service mark status, expiration date, and contact address at **www.sos.ks.gov**.

THIS SPACE FOR OFFICE USE ONLY.

**1. Trademark or service mark ID number****2. Trademark or service mark name****3. Name of current registrant/owner****4. Address of current registrant/owner**

Address will be used to send official mail from the Kansas Secretary of State's Office.

Do not leave blank.

Address

City

State

Zip

Country

☐

Check this box if this is a new address. Our records will be updated **only** if this box is checked.

The registrant/owner named above does hereby assign said trademark or service mark to the following:

**5. Name and address of new assignee/owner**

Address will be used to send official mail from the Kansas Secretary of State's Office.

Do not leave blank.

Name

Address

City

State

Zip

Country

**6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Current Registrant / Owner

X

Month

Day

Year

Name of Current Registrant / Owner (printed or typed)

Phone Number